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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 137338
2. Type of Filing: ☒ Original
☐ Amendment to Items: _____ Eff. Date: 1/1

3. Full Name of Committee: Friends of Bob Gibson

4a. Candidate Full Name (Last, First, M.I.): Robert D. Gibson

4b. Political Party (if applicable): Democratic

4c. County of Residence: Macomb

4d. Office Sought (Check one):
☐ Governor ☐ Lt. Governor ☐ State Senator
☐ State Rep. ☐ Sec. of State ☐ Attorney Gen.
☐ State Bd. of Ed. ☐ UofM Reg. ☐ MSU Trustee
☐ WSU Gov. ☐ Supreme Court ☐ Appeals Court
☐ Circuit Court ☐ District Court ☐ Probate Court
☐ Municipal Court
☒ Local or other please specify: County Commission

4e. District/Circuit # or Jurisdiction: District 18

5. Date Committee was Formed: 2/20/04

6a. Committee Phone #: (586) 746 - 0983

6b. Committee Fax #: () _____ - _____

6c. Committee E-mail Address: _____

7a. Complete Comm. Mailing Address (May be PO Box):
24651 Meadow Ln.
Harrison Twp. MI 48045

7b. Complete Comm. Street Address (May not be PO Box):
24651 Meadow Ln.
Harrison Twp., MI 48045

8. Treasurer Name and Complete Address: John Freeman
28342 Dartmouth
Madison Heights, MI
Phone #: (248) 547 - 9378 48071
E-mail Address: _____

9. Designated Record Keeper Name and Complete Address:
Phone #: () _____ - _____
E-mail Address: _____

10. ☐ REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
a. Official Depository
Unity Credit Union
7240 E. 12 mile Rd.
Warren, MI 48092
b. Secondary Depository

12. ☐ This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.

☐ Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
** OR **
☐ Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

Candidate: [Signature] 2/20/04

Current Treasurer: John Freeman 2/19/2004

Designated Record Keeper (Required only if filing electronically):



STATE OF MICHIGAN
BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATION RECEIPT
AND
COMMITTEE IDENTIFICATION NUMBER ASSIGNMENT

FRIENDS OF BOB GIBSON
24651 MEADOW LANE
HARRISON TWP., MI 48045

Original Statement of Organization — Acknowledgement of Receipt

This acknowledges receipt of the **Original Statement of Organization** from the committee named above.

Date and time received:

FEBRUARY 20, 2004 @ 8:11 A.M.

Committee Identification Number Assignment

The identification number appearing below has been assigned to your committee. This number **must** be used on each page of all subsequent statements, reports, correspondence or other communications filed or submitted by your committee.

USE THIS NUMBER ON ALL DOCUMENTS

137338

Carmelle Schaefer

Signature

FEBRUARY 20, 2004

Date

MACOMB

County

